

GRANT REQUEST #: _____
DATE RECEIVED: _____
(Foundation use only)

**THE HOLSTON CONFERENCE OF THE UNITED METHODIST CHURCH FOUNDATION, INC.**

**REDWINE FUND FOR STRATEGIC MINISTRIES  
GRANT APPLICATION FORM**

*(Maximum Request of \$2,500)*

**DEADLINE: APRIL 15, 2012**

THE REDWINE FUND FOR STRATEGIC MINISTRIES was established through a bequest from the estate of John B. Redwine of Scott County, Virginia. The first grants were distributed in 1980 and through the years the grants have been made totaling more than the original gift while maintaining the original gift of approximately \$110,000. Redwine grants are to be used for the development of strategic ministries that have a definite promise of making a continuing impact for the betterment of people and which are consistent with the program and purposes of the United Methodist Church. Grant funds are not to be used for construction or loans, but only for impact program ministries in the Holston Conference.

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Project Title: \_\_\_\_\_

Church/Organization Name: \_\_\_\_\_

Church Membership: \_\_\_\_\_ Church Attendance: \_\_\_\_\_

Contact Person / Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Does your church/organization/ministry have an account with the Foundation? \_\_\_ YES \_\_\_ NO

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**BASIC REQUEST INFORMATION**

Total amount requested: \$ \_\_\_\_\_

Payable over what period or date funds are needed: \_\_\_\_\_

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Brief description of project:  
*(attach additional sheet if needed)*

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Type of Funding Requested: \_\_\_\_\_ Matching (dollar(s) for each dollar of Redwine Grant support)  
\_\_\_\_\_ Challenge (\$\_\_\_\_\_ to be raised by organization to receive Redwine Grant support)  
\_\_\_\_\_ Outright grant  
\_\_\_\_\_ Other: \_\_\_\_\_

**A. PROJECT BUDGET** *(describe other sources of funds available to assist with the project):\**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. EXPECTED EXPENSES:\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BENEFITS / EXPECTED RESULTS OF PROJECT: \***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER COMMENTS: \***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Attach other documents or information as needed

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ALL SUBMISSIONS ARE SUBJECT TO THE PROCESS, PROCEDURES AND RULES OF  
**THE REDWINE FUND**, AS CHANGED FROM TIME TO TIME.

DATE: \_\_\_\_\_ (Name of Applicant/Organization)

Signed By: \_\_\_\_\_ Title: \_\_\_\_\_

**RETURN COMPLETED APPLICATION TO:**

**HOLSTON CONFERENCE FOUNDATION**

Attn: Redwine Fund Committee

David Green, Chairperson

P.O. Box 900

Alcoa, TN 37701-0900

Phone: (865) 690-8124

Fax: (865) 690-3162

[ritabroderick@holston.org](mailto:ritabroderick@holston.org)